



Medical Assistance

(Medicaid – Title XIX)

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Purpose

Medical Assistance (Medicaid—Title XIX) provides health care coverage for financially-needy parents with children, children, people with disabilities, elderly people, and pregnant women. This includes women who have been screened and diagnosed by the Breast and Cervical Cancer Early Detection Program and are in need of treatment, and women enrolled in the Iowa Family Planning network. The goal is for recipients to live healthy, stable, and self-sufficient lives.

Who

- In SFY 08, the average monthly Medicaid enrollment was 306,000 (excluding average monthly Iowa Family Planning Network enrollment of 20,972). Growth of around 3.5 percent is projected for SFY 2009.
- The average Iowa taxpayer cost per recipient is about \$2,760 a year. But costs vary widely. More than half of Medicaid recipients are children but they account for only 17 percent of expenditures. Ten percent are elderly but they account for 20 percent of expenditures. Twenty-one percent are disabled but they account for half of expenditures.

What

- Iowa Medicaid provides preventive, acute, and long-term care services using the same private and public providers as other insurers in Iowa. One special focus of the program is to expand alternatives to institutional long-term care for the aged, disabled, mentally challenged, and for children.
- Iowa Medicaid supports county programs and policies to provide access to care for those with mental retardation and developmental disabilities.
- Iowa Medicaid plays a key role in the state's child welfare system by funding health care for children in state care. Medicaid also provides medical coverage to children in subsidized adoptive homes, thereby making permanent placement more accessible for children who cannot return to their birth families. And Medicaid provides health insurance for "aged out" foster youth who are either full-time students or who work full time and who participate in Iowa's Preparation for Adult Living program.

How are We Doing?

- Iowa made an important advance in the administration of Medicaid in July 2005 by splitting the one-winner-take-all contract into nine pieces, thus attracting niche specialists and making the system more nimble and responsive. All contractors are housed in one place—the Iowa Medicaid Enterprise building in Des Moines—and all are directed by Medicaid administrators. All Medicaid computer records are now kept in Iowa.
- With DHS taking a lead role, state and federal officials struck a critical bargain in the spring of 2005 to avoid the loss of federal funds. A byproduct was the creation of IowaCare, a Medicaid expansion program of limited benefits for low-income people that replaced the "State papers" charity care program. (See separate IowaCare summary.)
- As of September 2007, Iowa Medicaid began issuing annual wallet-sized Medicaid membership cards, similar to cards used by private insurers. This replaces the monthly paper cards.
- An ongoing challenge for Medicaid is dealing with a new federal requirement that requires people to prove citizenship prior to enrolling. The rule was designed to block service to non-citizens, but most of those impacted are people who are citizens but whose records are misplaced or expensive to retrieve.
- Iowa Medicaid is beginning to focus on patient education and disease management in order to control costs and improve health.